N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 9503	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92
VIIIage or City (No. (No.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
S SINGLE, MARRIED, MANIE **COLOR OF RACE S SINGLE, MARRIED, MANIE **WIDOWED, WIDOWED, WIDOWED, WITH the word) **S INGLE, MARRIED, MANIE **OLOR OF RACE S SINGLE, MARRIED, MANIE **ORDIVORCED (Write the word) **OLOR OF BIRTH **OLOR OF RACE S SINGLE, MARRIED, MANIE **OLOR OF BIRTH **OLOR OF BIRTH	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY That Nattended deceased from 191 that I last saw held alive on July 2 ,191 191
TAGE If LESS th I day,h ORmin. Coccupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos. ds.
10 NAME OF FATHER SUPPLICATION 11 BIRTHPLACE OF FATHER (State Or Country) 12 MAIDEN NAME OF MOTHER OF MO	(Signed) (Address) (M. D. M. D
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Informant) James Fillexander (Address) Elector 15 Filed Puly 28, 191 3 Trank Tra REGISTRAS	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ALKLON ADDRESS ALKLON
Flied. 191 REGISTRAS	

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Cougenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Can-".Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of State cause for

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Col	PLACE OF DEATH 9504	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Vill	2FULL NAME JUSA Cly a For	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	18 DATE OF DEATH July 16th 191 (Month) (Day (Year
3 D#	Month) (Day (Year)	that I last saw her alive on July 16th, 191
7 A C	(2002)	and that death occurred on the date stated above, at // P,
(a) par (b) busi	CCUPATION Trade, profession, or riticular kind of work General nature of Industry, Iness, or establishment in ch employed (or employer)	(Duration) yrs mos 4
9 BI	RTHPLACE (State or country) Mary fance	Contributory Secondary
	10 NAME OF FATHER South Snow	Contributory Secondary (Signed) (Dyration) yrs mos
RENTS	10 NAME OF FATHER Sout Snow 11 BIRTHPLACE OF FATHER (State or country) Sout Know 12 MAIDEN NAME	Contributory Secondary (Signed) Styllsey M July 174, 1915. (Address) Chargeale City
PARENTS	10 NAME OF FATHER Sout Snow 11 BIRTHPLACE OF FATHER (State or country) Sout Knair 12 MAIDEN NAME OF Mafte Prince R 13 BIRTHPLACE OF MOTHER Mafte Prince R (State or country) Tray land.	Contributory Secondary (Signed) (S
PARENTS	10 NAME OF FATHER South Snaw 11 BIRTHPLACE OF FATHER (State or country) South Ruciv 12 MAIDEN NAME OF MOTHER PRINCE RESIDENT	Contributory Secondary (Signed) (S
PARENTS	10 NAME OF FATHER South Snow 11 BIRTHPLACE OF FATHER South Snow 12 MAIDEN NAME OF MOTHER NAME OF MOTHER NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER NAME (State or country) 14 MAIDEN NAME NAME NAME NAME OF MOTHER NAME NAME NAME NAME NAME NAME NAME NAME	Contributory Secondary (Signed) (S

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persous of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. natterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caucause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection necd not be stated unless important. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN WRITE · 5/2

Соц	1 PLACE OF DEATH ecil 9505	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Villa	2FULL NAME EMMA (No	St.; Ward) St.; W
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 AE	COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINGRED (Write the word)	(Monut) (Day (Year) 17 1. HEREBY CERTIFY, That I aftended deceased from
	(Month) (Day (Year)	that I last saw h. LV allve on July 6 1913
(a)	If LESS than of day,hrs. OR	and that death occurred on the este stated above, atm, The CAUSE OF DEATH; was as follows: Caulatina Haligna
(b) busin whic	General nature of industry, ess, or establishment in h employed (or employer)	Contributory (X) austin yrs mos. 4 ds.
(State or country) (ecil Co. Md.	Secondary (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CASSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OTHORICIDAL.
٥	13 BIRTHPLACE OF MOTHER (State or country) Pheeler Co, Ja.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	nformant)	if not at place of death? Former or usual residence
16 File	(Address), 19 Louise M. Northwall	Munth 6. Centery 12 cy 17, 1913
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (b)

pneumonia"); Lobar pneumonia; Bronchopneumonia icsis of lungs, meninges, peritonacum, etc., brospinal meningitis"); Diphtheria (avoid use causing death (the primary affection with respect to ("Pneumonia," term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted "Croup";) Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid fever (never unqualified, is indefinite): Tubercureport "Typhoid Carcin-

> mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." scpsis, injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabing LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viochildbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanitiou," "Maras-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of "PUERPERAL septichae-Never report

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RTOFIVED BURDAU, V. S. SEP 1 1 1913

Instructions

15

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

PLACE OF DEATH 9506 STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred inWard) a hospital or Institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR BACE MARRIED. NIDOWED. Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) If LESS than and that death occurred on the date atated above, a t day hrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country)

REGISTRAR

OR RECENT RESIDENTS

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

	At place			in the			
	of death yrs	mos	ds.	State	yrs.	mos.	d
1	Where was disease contribution at place of death?	acted,		************************			-
	Former or usual residence	of Pace Access 600000000000000000000000000000000000			****************		
							-

10	ACE OF BURIAL OR RI	0 0 0	
0	Kelbury	Cemelore fuly 6, 19	9
20 IIN	DERTAKER	Langrah	ī

If more blanks are needed, address State Registrar, 6 E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucissis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT-DEATHS state MEANS OF INJURY and qualify us mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis. uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head State cause for Never report

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state Very

1 PLACE OF DEATH 9507 PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OF RACE MARRIED, WIDOWED. (Write the word) 6 DATE OF BIRTH (Day) (Yesr) (Month) If LESS than 7 AGE 1 day,hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country) of death If not at place of death? Former or usual residence 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Ward)

If death occurred in a hospital or institution. give its NAME instead of street and number. I

MEDICAL CERTIFICATE OF DEATH (Month I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at ... *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS In the __ yrs. ____ ds. State Where was disease contracted. DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of III-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-

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9508

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speci-Who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Meaithfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons (%)

Statement of cause of death—Name, first, the pisease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcintosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "PURRPERAL septichaegenital," "Senile," etc.), Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia." "Pueppenal peritonitis," etc. State cause for etc. when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of nant neoplasms); Measles; Whooping cough; Chronic symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report

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AUG 4 1913
BUREAU, V.S.

	PLAC	E OF DEATH	3003	STATE OF MARYLAND
Соц	inty. Ce	cel		CERTIFICATE OF DEATH
Cou	161 Ly	EOHt-		Registration Dist. No. 92
Villa	age or City.	Course	(No	St.; Ward) [If death occurred a hospital or institution
		10		give its NAMF inster
	²FUL	L NAME UN	mue ce	of street and number.
	PERSO	NAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x	4 COLOR OR RACE	5 SINGLE, 4	A 16 DATE OF DEATH ().
ten	nale	White	WIDOWED, Manuel OR Olyonceb (Write the word)	(Youth) (Day (Year
B DA	TE OF BIRTH	7/	-1	I HEREBY CERVIFY, That I attended deceased fr
		teby	28 18:	3 July 1915, to July 191
		(Morch)	(Day (Year	
7 AG	E		If LESS 1	and that death occurred on the date statewabove, at p.
		0 yrs 4 m	os ds or min	INCUAUSE OF DEALHY Was as follows:
800	CUPATION	7/		Chronic valvular hear
(a) T	Trade, profession, icular kind of wor	or Houses	oye	desease
	General nature of			Geortic regurgitation
busin	less, or establis h employed (or el	shment in		(Buration) Not Morior
9 BIR	RTHPLACE	Nal		Contributory
(State or coun	itry) DEC		Secondary
	10 NAME OF	(1.11)	120	L (Quration) yrs mos mos
	FATHER	Joseph	neasan	(Signed) C/T. / Housen, M.
TS	11 BIRTHPUA	LE MA	1. +	July 10, 1913 (Address) Ellston met
ARENTS	(State or	country)	yomalio	*State the Disease Causing Death, or, in deaths from Viole: Causes, state (1) Means Of Injury; and (2) whether Accide
AR	12 MAIDEN N	NAME HER The	1 +	The following of Hosticipals.
G		100 10	Jonnahm	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	OF MOTH	ER MA	ulong ten	At place In the
4 -	(State or	0.7	700000000	of death yrs mos ds. State yrs mos
TH	HE ABOVE IS	CALLE BEST	WAN KNOWLEDGE	If not at place of death?
(11	ntormant)	Julia	own /	Former or usual residence
	(Address)	resti	on ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Audi 635)	1 3 4/		- North East July 11, 191;
Flied	Juliax	9 1913 X-12	sule trongs	20 UNDERTAKER ADDRESS
riieu	A	W T	REGISTRAR	Vingingen Hippine Elston mis
1	1	Te work blanks as		egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Exhaustion," For VIO-

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statement

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properly

See instructions on back

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V	1 PLACE OF DEATH.	STATE OF MA
Go	unty Cecil 9510	CERTIFICATE
VI	Mage or City Near Sugarlano	Registe St: War
	FULL NAME John Cros	5
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
3 SE	lala II forte WIDOWED, Dungle	16 DATE OF DEATH (Month)
6 DA	TE OF BIRTH Mch 13, 1904	that I last saw h alive on
7 AG	(Month) (Day) (Year) E	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:
(a) 1 part (b) 1 busin which	CUPATION: Frada, protession, or Icular kind of work General nature of industry, ess, or establishment in h employed (or employer)	(Ouration)
(Sta	10 NAME OF FATHER Dofu J Pross	(Secondary) (Buration) (Signed)
H.	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATHER (State or COUNTRY)	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and tal. Suicidal, or Homicidal.
0	of MOTHER Cova Ferguson 13 BIRTHPLACE OF MOTHER (State or country) Many Pand	16 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State
	nformant) John J. Cors	Where was disease contracted, It not at place of death? Former or usual residence
15	(Address) Dingrey Md.	Cherry Otill Md
File	11 mg/e blanks are needed, address State Registrar, 6 E	20 UNDERTAKER C. S. Grauk Franklin St. Balto, Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Dish Registered No.

St: Ward)

a hospital or institution, give its NAME instead ot street and number.]

16 DATE OF DEATH	Sel (Mønth)	/5°	, 191
		(Day)	(Year)
Mrs. 6	CERTIFY, That	l attended de	ceased from 191
that I last saw h		7 /4	7 191
and that death occurred or		above, at.	1 2
The CAUSE OF DEATH*	was as follows:		
5/			
1, 10	J	······································	***********
	culo	200	
	(Burgian)	- 6	mos.
***************************************	(Ouration)	yrs.	mos
Contributory (Secondary)	******************	000000000000000000000000000000000000000	
10.7 10	(Duration)	yrs	
10.7 10		yrs	, М.
(Signed) C. P. Ca	idress)	In deaths tro	, M.
(Signed) , 191 (At *State the DISEASE CAU CAUSES, state (1) MEANS TAL. SUICIDAL, OF HOMIC **16 LENGTH OF RESIDENCE**	diress)	In deaths fro	m Violent
(Signed), 191(Ar *State the DISEASE CAU CAUSES, state (1) MEANS TAL. SUICIDAL, OF HOMIC 16 LENGTH OF RESIDENCE OR RECENT RESIDENTS At place	idress)	In deaths frod (2) whethe	m VIOLENT F ACCIDEN
(Signed) , 191	idress)	In deaths frod (2) whethe	m VIOLENT F ACCIDEN
*State the DISEASE CAU CAUSES, state (1) MEANS TAL. SUICIDAL, OF HOMIC **BEENGTH OF RESIDENCE OR RECENT RESIDENTS At place of deathyrsmos Where was disease contracted,	idress)	In deaths frod (2) whethe	m VIOLENT F ACCIDENT
(Signed) , 191 (At State the DISEASE CAU CAUSES, state (1) MEANS TAL. SUICIDAL, OF HOMIC 16 LENGTH OF RESIDENCE OR RECENT RESIDENTS At place of death yrs mos. Where was disease contracted, it not at place of death? Former or	idress)	In deaths frod (2) whethe	m VIOLENT ACCIDENT
*State the DISEASE CAU CAUSES, State (1) MEANS TAL. SUICIDAL, OF HOMIC **BEENTH OF RESIDENCE OR RECENT RESIDENTS At place of deathyrsmos Where was disease contracted, It not at place of death?	idress)	In deaths frod (2) whethe	m VIOLENT F ACCIDENT
(Signed) , 191 (At State the DISEASE CAU CAUSES, state (1) MEANS TAL. SUICIDAL, OF HOMIC 16 LENGTH OF RESIDENCE OR RECENT RESIDENTS At place of death yrs. mos. Where was disease contracted, it not at place of death? Former or	idress) ISING DEATH, OF, B OF INJURY; and IDAL. E (FOR HOSPITALS In the ds. State	In deaths frod (2) whethe	mos,
*State the DISEASE CAU CAUSES, State (1) MEANS TAL. SUICIDAL, OF HOMIC 16 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mos. Where was disease contracted, it not at place of death? Former or usual residence.	idress) ISING DEATH, OF, B OF INJURY; and IDAL. E (FOR HOSPITALS In the ds. State	In deaths frod (2) whethe	m Violen: r Acciden TRANSIEN mos,
Signed) , 191 (At State the DISEASE CAU CAUSES, State (1) MEANS TAL. SUICIDAL, OF HOMIC 16 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mos. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR	idress) ISING DEATH, OF, OF INJURY; and IDAL. E (FOR HOSPITALS In the ds. State	In deaths frod (2) whethe	mos,

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AUG 4 1913
BUREAU, V.S.

BINDIN 0 Ш 0 (J) a ARGIN RECORD statement PERMANENT classified. D properly AGE supplied. be NFADING may carefully 9 terms, should piain information = of inform DEATH OF

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9511 state Very PHYSICIANS should of OCCUPATION IS County Registration Dist. No. (No.Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. GOLOR OR RACE MARRIED. WIDDWED (Month) (Write the word) I HEREBY CERTIFY DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, t day,.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) certificate. Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER Jo back 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. Where was disease contracted, 14 THE ABOVE IS TRUE TO See If not at place of death? Former or (Informant) Item usual residence. mportant. ы 19 PLACE OF BUAIAL OR REMOVAL Every (Address)..... 15 36 UNDERTAKER REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

[It death occurred in a hospital or institution. give its NAME instead of street and number.] (Day (Year) State yrs.

DATE OF BURIAL, 191.....

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

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JUL 7 1913

BUNEAU Y

SEP I 0 1913 DUREAU, V.S.

mitten mith

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

county ecc	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or Gity New URLON (No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Wester the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I Attended deceased from
B DATE OF BIRTH (Month) (Day (Year)	that I last saw how alive on July 1913
FAGE 6 OCCUPATION THE LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Duration) / yrs. mos. bs.
9 BIRTHPLACE (State or country)	Contributory (Secondary (Duration) VIS mos. 5 ds.
on 11 BIRTHPLACE	Saned N. Children Sylphest, M.D. July 2, 1913 (Address) Electory Mill
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*Attate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS IBSE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) IMA Davis	It not at place of death? Former or usual residence
(Address) Conton, Mills Filed ruly 3, 1913 + Trank Frazer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 30 UNDERTAKER ADDRESS,
REGISTRAR	rar, 6 E. Frankyn St., Balto., Regregating V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Housekeepers "Manager," "Deaier," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronie mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by earbolic acid-probably snieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhanstion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

DUREAU, V. S.
BUREAU, V. S.
BUREAU, V. S.

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N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLAGE OF DEATH 9513	STATE OF MARYLAND
County Cecil Co.	64) CERTIFICATE OF DEATH
P. 1 11	Registration Dist. No. 76
Village or City AS Wandville (No,	St.; Ward) [If death occurred in a hospital or Institution,
\mathcal{M} .	give its NAME instead of street and number.]
2FULL NAME MAY Com	Dunell
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOROR RACE SINGLE, MARRIED MANUEL	(Monty) (Day (Year)
Male Mile (Write the word)	17 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	July 1 1913, to July 17 , 1913
(Month) (Day (Year)	that I last saw h N alive on My 191
7 AGE	and that death occurred on the sate stated above, at m,
about) yrs, mos ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH * was a follows:
OCCUPATION	(John Johnson Jan
(a) Trade, profession, or Housewife particular kind of work	John Market State of the State
(b) General nature of industry, business, or establishment in	ADuration yrs mos ds.
which employed (or employer)	Gontributory Xhausium mos. ds.
9 BIRTHPLACE (State or country) Work (s. Ja.	Secondary (Duration) yrs mos ds.
10 NAME OF James Hudders	(Signed) 25 3
11 BIRTHPLACE OF FATHER (State of country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
OFFATHER (State or country) Mukuowa 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Mukuowa 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residents) At place In the of death yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Jollyon & Wonnell	Former or usual residence
(Address) Contandarlle Md	Parmon, Chapel eweters by 22 191
Fliestrely 2/ 191 3 A. C. Carreron	20 UNDERTAKER ADDRESS No
REGISTRAR If more blanks are needed, address State Rusic	Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING NEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speel statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salegman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease cansing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomenela-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"

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AUG 4 1913 BUREAU, V.S.

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SEP 1 1913
BUREAU, V.S.

RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH (No. Ward) a he County..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIEO, 300 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH Month) ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day.....hrs. The CAUSE OF DEATH* OR min. ? properly BOCCUPATION AGI (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of Industry. business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory.... # Secondary that (Duration) 10 NAME OF 50 back 11 BIRTHPIACE OF FATHER 2-0, 191 3. (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH ö Item (Informant) Every Item CAUSE OF Important. usual_residence. 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred in

a hospital or institution. give its NAME instead ot street and number. I

(Dav

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

pneumonia"); Lobar pncumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to "Croup";) term for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Diphtheria T'yphoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-(avoid use Carcin-

> mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "," "Old Age," "Shock," "Uraemia," "Weakness," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For VIO-

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PLACE OF DEATH 9515	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Pacility, Mod No. 12 1111	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Joseph Color of Race 5 single, married wisowed, wisowed, (Write the word)	16 DATE OF DEATH July 20, 1913 (Month) (Day) (Year) 17/ I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	July 13, 1913, to July 20, 1913, that I last saw have alive on July 20 12, 1913
TAGE Chorch 43 yrs. mos. ds. OR mio.?	and that death occurred on the date stated above, at 3 Pm, The CAUSE OF DEATH* was as follows:
a) Frade, profession, or particular kind of work a) Frade, profession, or particular kind of work	due to nuttoned pur tuho Prosepino
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mes 2 ds.
(State or country) (Rul Ces Mid,	(Secondary) (Daration): yrs mos ds. (Signed): M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted,
(Informant)	If oot at place of death? Former or usual residence
16 Filed July 22, 191 3 HBlack REGISTRAR	Poter Veck Com July 25, 1913 20 UNDERTAKED ADDRESS
If more blanks are needed, address State Registration	B E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative acalthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of dcath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 de.; Never report

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AUG 5 1913
BURLAU, V.S.

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S. No. 1.

PLACE OF DEATH	STATE OF MAKILAND
county beech 9516	CERTIFICATE OF DEATH
County	Registration Dist. No. 95
Ho.	St.; Ward) [If death occurred a hospital or institute give its NAME instoof street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED, X Whale white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, Mat I attended deceased from
DATE OF BIRTH (Month) (Day) (Yes	June / 1913 to July 3 D 191-
AGE If LESS 1 day,	hrs. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.	Faraly 3 10
b) General nature of Industry, usiness, or establishment in which employed (or employer)	Gontributory (Duration) yrs. mos.
BIRTHPLACE (State or country) Maryland	(Secondary) Ouration Vrs. mos.
10 NAME OF FATHER Samuel & Fashes 11 BIRTHPLACE	(Signed) And Recurs, M. M. (Aug Seen M.)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place of death yrs mos ds. State yrs mos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Margaret Frish	Where was disease contracted, If not at place of death?
	usual residence
(Address) Rising Sum Mo	Brokener DATE OF BURIAL Hug 3, 191=

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Creebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid definite synonym); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childhirth or miscarriage, as "Purremal scottchaemia," "Purremal neritonitie" to Charles such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Heart fallure," "Haemorrhage," "Inanition." "Maras genltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tetanus) may be stated under the head "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of 'Traemia," "Weakness," (name origin; "Can Examples:

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	PLACE OF DEATH 9517	STATE OF MARYLAND		
	Const	CERTIFICATE OF DEATH		
Cou	inty	Registration Dist, No.		
	(K. J. 100			
Viii	age or City Con and Cl. (No.	St.; Ward) [If death occurred in a hospital or Institution,		
	()	give its NAME instead of sfreet and number.]		
	2 FULL NAME James Cugene	- / MggErala		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH		
3 SEX 4 COLOR OF RAGE 5 SINGLE,		16 DATE OF DEATH SIL SIL		
1	Vale White word your the word	(Month) (Day (Year)		
7/		I HEREBY CERTIFY, That I attended deceased from		
8 DATE OF BIRTH		May 25 1913, to July 19, 1913,		
	(Month) (Day (Year)	that I last saw h MM_ affive on: July 1 1913		
7 AGE If LESS than		and that death occurred on the date stated above, at 2 fem,		
	mas 25 de Op min 2	The CAUSE OF DEATH* was as follows:		
804	yrs mos ds or min.?	JA 1/2 + '+'		
(a)	Trade, profession, or	Manurilly p.		
	fleular kind of work	from both		
business, or establishment in		(Duraflon) A yrs mos ds.		
	ch employed (or employer)	Contributory Have as alloye		
(State or country)		Secondary Show buth		
	10 NAME OF 1/1/11 1/7: 1	Oursilon) yes mos ds.		
	FATHER Willeam A. Tetzgend	(Signed), M. D.		
ITS	11 BIRTHPLACE OF FATHER	pilyal, 191 (Address) (10 Wand Ville		
ARENTS	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAYSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,		
AF	12 MAIDEN NAME OF MOTHER CAMPAGE (91)			
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS)		
	OF MOTHER (State or country) (Menter) (U. Car.	Af place In the of death yrs, mos, ds. State yrs, mos, ds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?		
Marlan H Titasendla		Former or		
(Informant) ff assignment of the state of th		usual residence		
	(Address). Now Canaviore Mich	19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAL		
15	1 1 121 3 21/1/0	20 UNDERTAKER DE ADDRESS 20		
FII	ed sulyax, 1913 A. Cameron REGISTRAR	OUNTERTAKER OF TON HOUSESS MA		
1	the state of the s	Tar, 6 E. Franklin St., Balto, Requesting V S No. 1		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton milt; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-

If this certificate is booked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913

BURLLAU, V. S.

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BURLAU, V. S.

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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Ocunty Ce cil Sellow Tree	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
VIIIage or City New Control (No. (No. (No. (No. (No. (No. (No. (No.	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Henry Black Single, Married, Widowed, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	
January 1, 1871	that I last saw h alive on
(Month) (Day (Year)	and that death occurred on the date stated above, at 10 P. m.
42 6 25 1 day,hrs.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Burned to cleath
(a) Trade, profession, or particular kind of work.	a cidental, by starte
(b) General nature of industry.	fue will coal oil
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Gontributory Secondary (Buretian)
10 NAME OF Joslina Brown	(Signed) W= P Dean Corone, mos. ds
Z OF FATHER (State or country) Manyland	# State the Display Colleges Cellitary MLD
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Meutly Price	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Meuryland	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Robert Hrisby	Former or usual residence
(Address) Elkloy, Marylan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled July 26 1913 C. Frank Krazer	20 UNDERTAKER ADDRESS
Temore blanks are needed, address State Revis	July 27 Elulio

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no oecupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

pneumonia"); CAUSING DEATH (the primary affection with respect to "Croup";) prospinal fever (the only definite synonym is time and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal of lungs, meningitis"); Diphtheria (avoid use Typhoid Lobar pneumonia; Bronchopneumonia meninges, unqualified, is indefinite): Tubereufever peritonaeum, etc., (never report "Typhoid "Epidemie cere-Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeciwhich surgical operation was undertaken. ture of the American Mcdical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For vio-

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DNIONIO 00 11 RESERVED MARGIN

PERMANENT 4 S THIS INK UNFADING WITH PLAINLY.

9519 state OCCUPATION IS VELY County. PHYSICIANS should RECORD 2 FULL NAME 0 PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, MILLER WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH stated properly classified. (Month) (Day) (Year) be TAGE If LESS than pinous 1 day hrs. OR ? 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work. e oarefully supplied. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER 0 90 back PARENTS of information should be DEATH in plain terms. 11 BIRTHPLACE OF FATHER (State or country) 50 12 MAIDEN NAME OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER WRITE 14 THE ABOVE IS OF item mportant. Every ite 19 PLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERTAKER 00 REGISTRAR ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

....Ward)

It death occurred in a hospital or institution, give its NAME instead st street and number.]

DATE OF BURIAL

nid

ADDRESS

MEDICAL C	ERTIFICATE OF	DEATH	
18 DATE OF DEATH	(Month)	(Day)	, 1913 (Year)
any 13 1913	2, to fully	attended dec	eased from
that I last saw h. M. alive		above, at	304 m
The CAUSE OF DEATH* was as follows:			
/ Mum	myu	waa	loss
Gontributory	(Deration)	yrsm	osds.
(Secondary)	(Duration)	yrsm	osds.
(Signad) (Addr July / 3, 191 3 (Addr	eille (ess) Uni	les	, M. D.
*State the Dismass Causing Deatil, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place			
cf death yrs mos Where was disease contracted, If not at place of death?	ds. State	yrs, m	os ds.
Former or usual residence			

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer statement. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease Causing death —Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. chlidbirth or miscarriage, as "Purpresal septicharetc., when a definite disease can be ascertained as the mus," "Old Age." "Sbock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maras. thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association. cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mally. tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin: "Candeath), 29 ds. State cause for "Exhaustion," Never report Examples

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AUG 5 1913 BUREAU, V.S.

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	PLACE OF DEATH	STATE OF MARYLAND			
-	9520	CERTIFICATE OF DEATH			
C	ounty County	90			
	M. E. I. II mai	Registration Dist. No.			
V	2 FULL NAME margurite a.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead et street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SE	4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH			
7	MARRIED, WIDOWED.	(Month) (Day) (Year)			
T	Emale White ORDIVERCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from			
0 D.	ATE OF BIRTH	7. 20, 1913, to 7, 2, 1913,			
	(Month) (Day) (Year)	that I last saw harmalive on 7 2 1 1913			
7 AC		and that death occurred on the date stated above, at 10 0 m.			
	75-yrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:			
80	CCUPATION //	malenal time			
(a)	Frade, prefession, or the Herrie	O'anious Variety			
(b)	General nature of Industry,				
busi	ness, or establishment lo	(Duration) yrs. mos. 3 ds.			
	RTHPLACE ate or country) Rout Ca Ind.	Contributory (Secondary)			
	10 NAME OF FATHER	(Signed) & M. branford un			
S	11 BIRTHPACE	1. 23. ,1913 (Address) lecelton md			
PARENT	(State of country) Kenh Ce, Ind.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-			
	OF MOTHER Harriette Usillar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT			
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs, mos, ds.			
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?			
(Interment) of grank legislacit	Former or usual residence			
	(Address) # 103 Gladison St Del	19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL			
15 File	July 23,191 3 JABlack	Mestertown Cambra July 3 1913.			
	THEGISTRAR	John & Jaga Cacellere had			
If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Reguesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in Industrial employments, it is necapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for

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V. S. No. 1.

Village or City Holts Shore (No. Elk.	Registration Dist. No. 92 River St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	(Month) (Day 3 (Year)
6 DATE OF BIRTH	, 191, to, 191
(Month) (Day (Year)	that I last saw hallye on, 191
7 AGE It LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Gedental Drowning
(a) Trade, profession, or particular kind of work.	Latt i Oll a
(b) General nature of industry, business, or establishment in	vanning in Corr wer
which employed (or employer)	(Ouration) yrsmosd
State or country) Delaware	Secondary (Duration)
10 NAME OF FATHER Alan P. Siffing	(Signed) W= P. Dean Goroner
OF FATHER DA	, 191 (Address) (Allan M L)
12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden Tal, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
OF MOTHER (State or country) Mayland	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Interment) to to Meissner	Former or usual residence.
(Address) Wilmington Del	19 PLACE OF BURIAL OF REMOVAL PATE OF BURIAL
Filed July 5 , 181 3 & Frank Frager	20 UNDERTAKER & ADDRESS -
REGISTRAR	Manager Manager State Comment

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) Never report For vio-

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JUL 7 1918 BURBAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH 9522	STATE OF MARYLAND	
County Cearl 9022	CERTIFICATE OF DEATH	
2	Registration Dist. No. 93	
Village or City Novidence (No.	St.; Ward) [If death occurred in a hospital or institution	
1. 1	give its NAME Instead	
FULL NAME lelang & brque	ia Vilbrat of street and number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH / 12 13	
Tamale White (Write the word)	(Month) (Day (Year)	
DATE OF BIRTH		
(Month) (Day (Year)	that I last saw h alive on	
(Month) (Day (Year) AGE It LESS than	and that death occurred on the date stated above, at	
yrs of mos 2 / ds or min.?	The CAUSE OF DEATH* was as follows:	
B OCCUPATION	P	
(a) Trade, protession, or particular kind of work.	Convulsions	
(b) General nature of industry, business, or establishment in	/	
which employed (or employer)	(Duration) yrs, mos	
(State or country) Leusylvania	Secondary Squa Natida	
10 NAME OF 2 + line 1	Quration) yrs. Q mos. Z	
FATHER Melhou Tilbrot	(Signed) 10 = 10 Care (Clorones,	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OLONG FOR	July 13, 1913 (Address) Relation Md	
C 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
OF MOTHER Clove Todal	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSPERS	
13 BIRTHPLACE OF MOTHER (State or country)	At place In the	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos (Where was disease contracted,	
Class Silts +	If not at place of death?	
(Informant)	usual residence.	
(Address) 4616 - Dahwon St. Brideshue	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL	
Flind Orely 14 1913 En He Ninghil	20 UNDERTAKER ADDRESS (1)	
Filed 1910 1910 Total MEGISTRAR	a. J. abmath	
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondcnce. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH Gounty Cecil 9523	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City North Cast (No.)	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	16 DATE OF DEATH Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h. A. alive on
FAGE O yrs mos ds or min.?	and that death occurred on the dale stated above, at
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Cecil Cornilis Me	(Duration) yrs. mos. ds. Gontributory Secondary)
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME 10 NAME OF FATHER GET GOVICE 11 BIRTHPLACE (State of country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
(Informant) Mrs Susan C Gence North East	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 29, 1913 els with Bridle REGISTRAR	North East July 30, 1913. 20 UNDERTAKER HO Rierson North Gust
If more blanks are needed, address State Registrar	G. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc. without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria. (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman septiehac cuuse. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver recound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LEWP DEATHS State MEANS OF INJURY and qualify as "ITeart failure," "Haemorrhage," "Inanition," "Maras. "Collapsc." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin: "Can "Exhaustion," Never report Examples :

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913
BUREAU. V. S.

N.B.

County PLACE OF DEATH 9524	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or Chypan Novidence (No	St.; Ward) St.; Ward) A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Winter the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTURY, That Attended deceased from
DATE OF BIRTH (Month) (Day (Year)	July 18 (1913, to July 20 , 1913; that I last saw h my alive on July 20 , 1913
7 AGE If LESS than 1 day,hrs. or mos /2 ds. or min.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work.	Enlew-totilio
(b) Generat nature of Industry, business, or establishment in which employed (or employer)	Gontributory (Duration) yrs. mos. J ds.
10 NAME OF FATHER	Secondary (Duration) yrs mos ds.
1. May vegg	(Signed) (Address) Cherry/Fill M. D. (Address) Cherry/Fill
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER LUMA MCARDOTOLOGY 10 MOTHER LUMA MCARDOTOLOGY MCARDOT	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 1Blength Of Residence (for Hospitals, Institutions, Transients,
13 BIRTHPLACE OF MOTHER (State or country) Manyland	OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of death? Former or usual residence
(Address) Trovidguck Ma Filed July 21, 191 3 & T. Knight	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 1910
Tocal REGISTRAR	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: Furmer (retired 6 yrs.) For persons statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is necfirst line will-be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and ehildren, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or uniscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of "PUERPERAL septichac-Never report

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AUG 4 1913

BURLAU, V. S.

First certificate

SEP 10 1913

BURE, U. V.S.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 9525	STATE OF MARYLAND
County cecil 9020	CERTIFICATE OF DEATH Registered No.
Village or City Elk Neck (No	St; Ward) [If death occurred le a hospital er institution give its NAME losteat et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Memale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTYFY, That I attended deceased from
DATE OF BIRTH January 30 (Month) (Day) (Year)	that I last saw her alive only Leilney, 191
Page 93 yrs. 4 mos. ds. or. min.? 8 occupation (a) Trade, profession, or House Wife particular kind of work.	and that death occurred on the date stated above, at / U. P. Clark The CAUSE OF DEATH* was as follows: CLURATION CLUBIANT
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds. Contributory. (Secondary)
11 BIRTHPLACE OF FATHER (State or country) Most Revorce 12 MAIDEN NAME	(Signed) (Doration) yrs mos ds. (Signed) (Address) (Address) (N. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER MARGINE TYPE IS BIRTHPLACE OF MOTHER (State or country) WIT REMOVE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs, mos. ds. State yrs, mos. ds.
(Address) North Gast Med)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Cala 28, 191 3 Scel Deurch Biddle REGISTRAR	20 UNDERTAKER PIERSON North East
if more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla injury, as fracture of skuli, and consequences (e.g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile." etc.), "Dropsy," ample: Mcastes (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Never report Examples: For vio-



STATE OF MARYLAND 1 PLACE OF DEATH Cru CERTIFICATE OF DEATH County... Registration Dist. No..... [It death occurred in .Ward) a hospital or institution, RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE. 3 SEX WIDOWED, Widow (Month) (Day) Write the word) HEREBY CERTIFY, That I attended deceased from 17. 8 DATE OF BIRTH ach classified. (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: Caucer properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. supplied (b) General nature of industry. business, or establishment in may which amployed (or employer) Contributory 9 BIRTHPLACE (State or country (Secondary) = 10 NAME OF FATHER (Signed) 50 back S 11 BIRTHPLACE terms, ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME PA OF MOTHER Instructions Information plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of Inford yrs. mos. ds. State yrs. mos. ds. ot death Where was disease contracted. 14THE ABOVE IS it not al place of death?. Former or Item OF usual residence. mportant. CAUSE DATE OF BURIAL 15 if more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. 8, Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative dealthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," As examples But in many "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puenpueal peritonitie," etc. State cause for childbirth or miscarriage. as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," "PUERPERAL schtichae-(name origin; "Can Examples: For vio-



BINDING 20

PERMANENT UNFADING

(0) SICIANS should OCCUPATION IS PHYSICIANS RECORD classified pe certifical 80 10 back UO plain instructions 2 DEAT See of 10 mportant. M Every Ø.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 9527 County.... Registration Dist. No. [It death occurred in Ward) a hospital or institution. give its NAME instead ot street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. PSEX 4 GOLOR OR PACE DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month (Dav (Year) I HEREBY CERTIFY. That I Attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at..... 1 day, hrs. The CAUSE OF DEATH* was as follows:mos..... OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary wer (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) ** tate the DISEASE CAUSING DEATH, of, in deaths from Volent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death yrs. mos. .. _ ds. State ... Where was disease contracted. THE ABOVE IS KNOWLEDGE It not at place of death? Former or usual residence. PLACE OF BUL OR REMOVAL DATE OF BURIAL (Address) ... 15

20 UNDERTAKER

If more blanks are needed address State Registrar VE. Franklin St., Balto., Regulating V. S. No. 1.

EGISTRAR

ADDRE

Filed

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease cansing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) canse of death approved by Committee on Nomencia-".Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondnce. Vall the data is essential and must be obtained before the certificate is permanently filed.

AUG . 1918

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SEP 1 1913

N. B.—Every item of information should be carefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should thate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

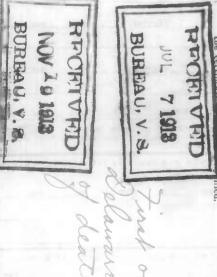
recil 9528 County Cillage or City Electron (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.;
2FULL NAME JAMES / VI	, car E
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
* DATE OF BIRTH 4 COLON OR RACE 5 SINGLE, MARRIED Life Willowed Life OR DIVORCED (Write the world) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 20, 1913, to 20, 1913 that I last saw how alive on Andrew 20, 1913
TAGE (STORIE) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4 m The CAUSE OF DEATH's was as follows: Out olds Hopping longh
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIN OF FATHER OF FATHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OTHER O	(Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS, or RECENT REGIDENTAL) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or osual residence.
(Address) Elklon Md. 15 Filed July 2, 191 3 1 July Jung Elklon If more blanks are needed, address State Regist	19 PRAOK OF BURIAL OR REMOVAL DATE OF BURIAL 19 PRAOK OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

g statement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsious," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report · Ex-



should state CERTIFICATE OF DEATH OCCUPATION Registration Dist. No. [If death occurred la PHYSICIANS St.;....Ward) a hospital or institution. RECORD give its NAME instead of street and oumber. T of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED. BINDING Write the word) I HEREBY CERTIFY, That I attended deceased from Exact S DATE OF BIRTH classified. that I last saw h. alive on (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 0 1 day hrs. THIS The CAUSE OF DEATH * was as follows: 0 D ds. OR ? properly BOCCUPATION AG (a) Frade, profession, or INK particular kind of work... (b) General nature of Industry. supplied. pe business, or establishment in UNFADING may which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) (Secondary) carefully that 10 NAME OF FATHER (Signed) 20 50 ARGIN WITH terms, in back 11 BIRTHPLACE OF FATHER (State or country) pinous EN *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-CO AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. PLAINLY plain OF MOTHER EATH in plain information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. mos. State yrs. ____ Where was disease contracted, If oot at place of death? Jo 9 OF osual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 20 UNDERTAKER ADDRESS 0 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

9529

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

It should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulof persons engaged in domestic service for wages, as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

losis of lungs, meninges, peritonacum, etc.. ("Pneumonia," unqualified, is indefinite); Tubercupneumonia"); "Croup"); fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria Typhoid Lobar pneumonia; Bronchopneumonia fever (never report (avoid use of "Typhoid

> ture of the American Medical Association:) cause of death approved by Committee on, Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train—accident; Revolver wound of head: homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and quality as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report 01



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

N.B.

village or City Porth East— (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOROR RACE SINGLE, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED (Write the word) S DATE OF BIRTH Lan 2 /9/3	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decsased from Chipsen (Total 1 last saw h & alive on July 25, 1913
7 AGE (Month) (Day) (Year) 1 day,hrs.	and that death occurred on the date stated above, at
9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Chronicy Cles from Explanation Contributory B Accessible from Secondary) Contributory B Accessible from Secondary
10 NAME OF FATHER GURL S. Melson 11 BIRTHPLACE OF FATHER (State or country) Julmington Wel 22 Maiden NAME OF MOTHER OF MOTHER	(Signed)
of MOTHER Myrth or, Lynch 13 BIRTHPLACE OF MOTHER (State or country) Cred Co. Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Intermant) Carl is Pelson (Address) 1.5 Lis Gast Ind Filed Coly 30, 1913 Do aich Bicelle Registran	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Close Case Case Case Case Case Case Case Ca
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of IIIshould be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can death), 29 "Exhaustion," Never report Examples: For vio-



BINDING FOR RESERVED MARGIN

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PHYSICIANS should of OCCUPATION IS Gounty... RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED. (Write the word) stated 6 DATE OF BIRTH 20 4 classified. (Month) (Day) (Year) S 7 AGE If LESS than pinous 1 day,hrs. INK-THIS OR min. ? properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. supplied. may be p (b) General nature of industry, UNFADING business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it 10 NAME OF FATHER 20 of WITH pe back PARENTS 11 BIRTHPLACE terms. pinous OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME In plain OF MOTHER Instructions Information 13 BIRTHPLACE OF MOTHER (State or country) of Inform DEATH I See Instru WRITE CAUSE OF Important. (Address) 15 No. 00 B

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.....

St.;Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number. 1

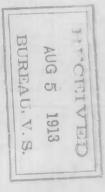
	TIN TOATE O	DEATH	
16 DATE OF DEATH	7	20	101.3
***************************************	(Month)	(Day)	(Year)
17 I HEREBY CE			
7. 14. 1913			
that I last saw h alive o	n		, 191
and that death occurred on th	e date stated	above, at	6 M m
The CAUSE OF DEATH * was	as follows:		
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			······
	~~~		
		000000000000000000000000000000000000000	000000000000000000000000000000000000000
***************************************	. (Duration)	yrs mo	)s ds
Contributory			
(Secondary)		****************	*************
	(B H)		
	(Duration)	yrsmo	)Sds
(Signed) G 71 C	mary.	Low	M. D
,	0	******************	
7.2.1 ' , 191-3. (Addres	ss)	elon	me
*State the DISEASE CAUSIN CAUGES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL	r injury: an/	in deaths from i (2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDENCE (F	OR HOSPITALE	Increment T	
ON HECENI RESIDENTS		THE THOME, I	RANSIENTS
At place	In the		
of death yrs mos	. ds. State	yrs, m	os ds
Where was disease contracted,			
It not at place of death?	******************		
Former or			
usual residence	*** ********** *******	*************	**************
19 PLACE OF BURIAL OR RE	MOVAL	DATE OF BU	RIAL
Cecilon	ma	July a	21.2
20 UNDERTAKER O.		-	, 191
	79.77	ADDRESS	4 . / 7
andrew Tree	ec.	miade	
			The

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "TUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerperal scptichaemus," "Old Age," "Shock," 'Traemia," "Weakness," such, if impossible to determine definitely. which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions." "Dehility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples:



### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. properly classified. 4 pe IS should UNFADING INK-THIS AGE supplied. pe may carefully that PLAINLY, WITH pe terms, Should DEATH in plain of Information WRITE

certificate.

See instructions on back of

(informant)

(Address).....

CAUSE OF

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important.

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state

### 1 PLACE OF DEATH 9532 County..... Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) OF BIRTH (Month) (Day 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... State or country) 10 NAME OF PARENTS 11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilt death occurred in a hospital or institution.

(Year)

it LESS than

1 day & hrs.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ovens	of street and nomber.]
MEDICAL CERTIFICA	TE OF DEATH
18 DATE OF DEATH	101
(Month	(Day (Year)
Jan 10 HEREBY CERTIFY.	That I attended deceased from
that I last saw h. Pz allye on Ju	ly 57, 1913
and that death occurred on the date	stated above, at PAm,
The CAUSE OF DEATH * was as folio	
Cance	4 voruels
Contributory Ray Recondary  (Signed) (Signed) (Buratle Ray	n) Mrs mos ds.  Heref M. D.  Snyalle for
*State the Disease Causing Dear Causes, state (1) Means of Injuratal, Suicidal, or Homicidal.	CH, or, in deaths from Violent xx; and (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSE OR RECENT RESIDENTS) At place in ot death yrs ds. Where was disease contracted, it not at place of death? Former or usual residence.	the .
tofrewell Comel	DATE OF BURIAL
30 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

applies to cach and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the misease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing nearin (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. natvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably saicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenltal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Branchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913 BUREAU, V.S. may be

that it

CAUSE OF

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1 PLACE OF DEATH	STATE OF MARYLAND
County beach 9533	CERTIFICATE OF DEATH
Village or City Rising Sun (No.  2FULL NAME Helen E. Ph.	Registration Dist. No.  St.; Ward)  [It death occurred a hospital or Instituti give Its NAME Instituti give Its NAME Institution of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale While Single,  MARRIED,  Whole Only Order  Write the word)	Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased fro
Month) (Day) (Year)	that I last saw has alive on hely 9 191
7 AGE If LESS th. 1 day,hi	The CAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, protession, or particular kind of work	Cotton Colle
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Ellio Phellips	(Duration) yrs. mos.
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  CO 11 BIRTHPLACE OFFATHER (State or country)  Manyland	(Signed) (Duration) yrs. mos.  (Signed) (Puration) yrs. mos.  (Signed) (Address) (Signed) , M.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accuracy



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At nomc. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many applies to each and every person, irrespective of age. tion is very important, so that the relative Jealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "l'une peral septichae genital," injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma, etc., of .. is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent) tctanus) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Tracmia," "Weakness," (name origin; "Can Examples: FOT VIO

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913 BURLLAU. V.S.

# MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH 9534	STATE OF MARYLAND
County level	CERTIFICATE OF DEATH
	Registration Dist, No. 92
Village or City Elleton (No.	St.; Ward) [If death occurred in a hospital or institution,
*FULL NAME Pollieur R	Polls give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make White (Write the word)	16 DATE OF DEATH July (Jonth) (Day (Year)
6 DATE OF BIRTH	HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)	that I last saw ham allve on July 1913
7 AGE  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 11. 45 Qm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry.	Comer of Prostate Glass
business, or establishment in Mothurorom which employed (or employer)	(Ouration) / yrs 6 mos ds
State or country)	Secondary (Burntley)
10 NAME OF ALLIANA & Motto	(Signed) Or A Morrison, M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  9, 01	*State the DISEASE CAUSING DEATH OF In doe the from Vicense
12 MAIDEN NAME OF MOTHER SALES STATES	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(Interment) Winder Office Rotts	Where was disease contracted, If not at place of death? Former or
0 + 814+ A.I	usual residence
(Address) final little	Union Cicil Co Just 4 1977
Filed Wy 374 191 Trank Trank Trank	Vierry en Allie State
If more blanks are needed, address State Regis	trar, 6 E. Franken St., Balto., Deghesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted lesis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) fever (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avold use Typhoid unqualified, is indefinite): Tubercumeninges, fever (never report peritonacum, etc., "Typhold Carcin-

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. such, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the For VIO-



BINDING MARGIN RESERVED FOR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 9535 County Cacil	STATE OF MAR CERTIFICATE O	F DEATH
VIIIage or City Chesapers Cy (No. No. No. No. No. No. No. No. No. No.	St.; Ward)	Lit death occurred i
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Fluid whe (Write the word)	16 DATE OF DEATH July /2 (Month)  17 I HEREBY CERTIFY, That I	(Day) , (Year)
	that I last saw harmonic and that death occurred on the date stated of the CAUSE OF DEATH* was as follows:	, 191
(a) Frade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which amployed (or employer)  9 BIRTHPLACE (State or country) Crais Co Muss Cheesfurding  10 NAME OF FATHER Juhn Caul	(Signed) Dy Courty	yrs mos ds  yrs M. D.  pur Cy my
11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	*State the DISMASE CAUSING DMATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. I OR RECENT RESIDENTS)  At place In the	deaths from VIOLENT (2) whether Acciden-
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) The Rud	Where was disease contracted, if not at place of death? Former or usual residence	
(Address) Chespart Cy not RO	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed July 12, 1913 A E Maguel	20	ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. N	o. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) 'statement. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "PURPERAL scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

County Cecil 9536	STATE OF MARYLAND CERTIFICATE OF DEATH			
8	Registered No. 74  St; Ward)  [It death occurred in a hospital or institution, give lis NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Jenale 4 COLOR OR RACE 5 SINGLE.  MARMEO, Single Wisewer, Single Wisewer, Single Wisewer, Wis	16 DATE OF DEATH  (Moth)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from			
G DATE OF BIRTH  Jan - 6 - , 1906  (Month) (Day) (Year)	July 26, 1913, to 191  that I last saw here allive on July 26			
7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at			
8 OCCUPATION  (a) Trade, protession, or particular kind of work	eating unripe fruit. (Duration) yrs. mos. ds.			
9 BIRTHPLACE (State or country) Summerville, Md.	Contributory (Secondary) (Ouration) yrs mos ds			
on 11 BIRTHPLACE	(Signed) Of Gleins, M. D. July 28, 1913 (Address) North East, M			
OFFATKER (State or country) Bayviller, Md.  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) North East, Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death			
(Informant) John & Cursell	Where was disease contracted, If not at place of death?  Former or usual residence			
(Address) North Best mel	Daywiew md July 29, 1913.  20 UNDERTAKER  DATE OF BURIAL  DATE OF BURIAL  ADDRESS			
If more blanks are needed, address State Registrar, 6 B	Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coat statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological desired control death of lungs, meninges, peritonaeum, etc.. Carcinological desired control death of lungs, meninges, peritonaeum, etc.. Carcinological desired death of lungs, meninges, peritonaeum, etc.. Carcinological death of lungs, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septiehae "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may he stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Co	1 PLACE OF DEATH 9537	STATE OF MARYLAND CERTIFICATE OF DEATH			
Vill	age or City Cherybooke (No	Registration Dist. No.  St.; Ward)  St.; Ward)  i. Sheudan  Registration Dist. No.  [If death occurred in a hospital or institution, give its MAME instead of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 51	Mare Acolor or race Single, Married, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH JULY 13 th 1913 (Month) (Day (Year)			
6 D/	March. 3- 192.  (Month) (Day (Year)	that I last aaw has alive on July 13 1913,			
(a)	yrs mos ds. If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at # M. m. The CAUSE OF DEATH* was as follows:  Challen Sufantum			
(b) busi whi	General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	Contributory Secondary			
PARENTS	10 NAME OF Sleves Skeudan:  11 BIRTHPLACE OF FATHER See See	(Signed) Occupant M. D.  Aug 14, 197 3 (Address) Chemper Cy in			
	(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  May fand	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death			
	HE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE Informant) MIN Clerk Renders.	Where was disease contracted, If not at place of death?  Former or usual residence.			
15 File	deputy ( REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Bettel Ceruelary  20 UNDERTAKER  LESCHER CALL  ADDRESS  LESCHER CALL  AND CERTIFICATION  LESCHER CALL  AND CERTIFICATION  LESCHER CALL  ADDRESS  LESCHER CALL  LESCHER CALL  ADDRESS  ADDRE			
	are needed, address State Regist	trar, 6 E. Franklin St., Buit. Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many oecupatious a single word or term on the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the thenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequeuees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uracmia," "Weakness," Meastes (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for Never report



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	PLACE OF DEATH	/		STATE	OF MARY	YLAND	
	Cocio 9538	-/	1	CERTIFIC	CATE OF	DEATH	
Co	ounty CRA - C		ルレ	Dist	Registered	No. 73	
Vi	annie (	0 8/2	wery	St ;	Ward)	[if death occurred in a hospital or Institution, give its NAME instead of street and number.]	
2 FULL NAME							
PERSONAL AND STATISTICAL PARTICULARS				1	IFICATE OF	DEATH	
3 51	MARRIED.	Murued	16 DATE OF	July 42	(Month)	(Day), (Year)	
6 D	Sept 3  (Month) (Day)	, 1869 (Year)	June	w holm alive on.	July 3	ra 1915.	
7 A		If LESS than t day,hrs.		th occurred on the		58	
(a)	OCCUPATION OTRADE, profession, or House Wife ficular kind of work Oeneral nature of Industry,	2	Si Ni	und	Þ		
bus	Iness, or establishment in ch employed (or employer)		***************************************	(	Duration)	yrs. @ mos. ds.	
	RTHPLAGE (ate or country) Mary Land		Contribut (Secondar	(y)	(Duration)	vre mae de	
	10 NAME OF John Snipse	n	(Signed)	- / -	024	Gend M. O.	
PARENTS	11 BIRTHPLACE OF FATHER (State or country) I land		*State th	ate (1) MEANS OF J	DEATH, or, in	deaths from Violent 2) whether Acciden-	
PAR	of Mother Margarch - M	Mullen	18 LENGTH	OF RESIDENCE (FOR		STITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country)  Many land	d	At place of death	Yrs, mos d	In the	yrs, ds.	
	HE ABOVE IS TRUE TO THE BEST OF MY KNOW Spene	LEDGE	Where was dise If not at place e Former or usual residence.	t death?			
	(Address) Childs m	el.		F BURIAL OR REM		DATE OF BURIAL	
16 File	July 8th, 1913 & FANnig	REGISTRAR	20 UNDERT	/ /	100	DDRESS Lory Nice	
	If more blanks are needed, address	State Registra	r, 6 E. Frankl	in St., Balto., Reque	sting V. S. No.	1. mel	

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ecc. fication, as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-i-rospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

RECORD	tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very nt. See instructions on back of certificate.
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WRITE PLAINLY, WITH UNTABING INN-INIS IS A PERMANENT RECORD	E should be state
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PLAINLY.	tem of information should be carefully su OF DEATH in plain terms, so that it m nt. See instructions on back of certificate.
WKIIE	tem of it OF DEA

N. B.—Every ite CAUSE importan

County Coul	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92
2FULL NAME wa May	St.; Ward)  a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH  4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, WITH the Word)  Luy.  25  1912	16 DATE OF DEATH  (Month)  (Day  (Year)  11  I HEREBY GERTIFY, That I attended deceased from  (1913, to 1913, t
7 AGE  (Month) (Day (Year)  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 4.20 m.  The CAUSE OF DEATH* was as follows:
OCCUPATION  (a) Trade, profession, or particular kind of work	College - College (Duration) yrs. mos 2/ds.
BIRTHPLACE (State or country) Maryland	Secondary (Doration) yrs mos ds.
10 NAME OF FATHER CHARLES SIMPLES  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed). (Address). (N. D. C. Address). (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Seplan Todayar  13 BIRTHPLACE OF MOTHER (State or country)  Mayland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos, ds.
(Informant) NAS STANGELS	Where was disease contracted, if not at place of death?  Former or usual residence
Filed Rug / 1913 Trank Frager REGISTRAR	20 UNDERTAKER ADBRESS CHOPMENT CHENNER STATE OF BURIAL CHENNER ADBRESS CHENNER CHENNER STATE OF BURIAL
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiulte synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unquallfied, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a defiulte disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-For Vio

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the certificate is permanently filed.

BU ... V S.

mitten with

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V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
9540	CERTIFICATE OF DEATH
Village or City Cecillo (No.	Registration Dist. No. [If deeth occurred in e hospitel or institution,
FULL NAME Merrit Some	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Muse Single, Married, Widower, Widower, Orbivorce (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	July 3 = 1913, to July /2 , 1913.  that I last saw him alive on July /2 , 1913.
7 AGE if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER MENTIN B. Hund  11 BIRTHPLACE OF FATHER (State or country)  Couldn Duringlan  12 MAIDEN NAME OF GREATHER (State or country)  13 BIRTHPLACE OF MOTHER Lellie J Cleaner  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Contributory (Secondary)  (Duration) yrs. mos. ds.  (Signed) (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State of Residents (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State of Residents (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State of Residents (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State of Residents (2) Whether Accidental (3) Whether Accidental (4) Whether Accidental (4) Whether Accidental (5) Whether Accidental (5) Whether Accidental (6) Whether Accidenta
(Informant). Murrity B. Suigh	Where was disease contracted, if not et place of death? Former or usual residence
(Address) Ceculty-Net.  15 Filed 1913   Filed Registran  If more blanks are needed, address State Registran, 6 1	19 PLACE OF BURIAL OR REMOVAL  ORCHON MG  70 UNDERTAKER  Offage Caulton Ind  Franklin St., Balto., Requesting V/S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the dibbabbe causing direction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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•	RECORD	PHYSICIANS should state of OCCUPATION Is very
T. 8. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	9541	STATE OF MA	
County Cleil	1	189 Registe	all
Village or City GAR NE	ek (No.	st; Ward	a hospital or institution give its NAME instea of street and number.]
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
4 ledel of	NGLE, Inarlico	16 DATE OF DEATH July (Month)	6 - ,1913 (Day) (Year)
GDATE OF BIRTH  Januay  (Month)	29 , 1887 (Day) (Year)	that I last saw h_LN_alive on	1 attended deceased from 1913
7 AGE 2 4 yrs. 7 mos.	if LESS than   1 day,hrs.   ormin. ?	The CAUSE OF DEATH * was as follows:	above, at 33° P. m
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	K-0.00	denanhage	yrs. Mos ds
BIRTHPLACE	ast ma	Gontributory (Secondary) (Detailon)	
10 NAME OF Eliz Strin	vel	(Signed) Of Place	ero.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	Lodnia	*State the DISEASE CAUSING DEATH, OF, CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	In deaths from VIOLENT d (2) whether Acciden-
OF MOTHER Susiane  13 BIRTHPLACE OF MOTHER (State or country) clor the	East mel	16 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) Af place	
(Informant) Alla Me Alla	MY KNOWLEDGE	Where was disease confracted, if not at place of death?  Former or usual residence	
Filed Leely 17 191 3 But But	de REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  North Gast med  20 UNDERTAKER  M. M. PRESSON  19 PLACE OF BURIAL  10 PLACE	July 17 , 1913 ADDRESS Worth Cast
It more plants are need	cu, audress nizie Kegistr	ar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1. M. O.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed; as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Purpreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 28 probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritix oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1918
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	1 PLACE OF DEATH	9548	STATE OF MARYL	LAND
	000:0		CERTIFICATE OF	DEATH
C	ounty CLC		Registered N	10. 94
v	illage or City North Ex	et Md(No.	, St; Ward)	[It death occurred to a hospital or Institution give its NAME Instead
	FULL NAME Joh	n Ralph	Steevart	of street and number.]
	PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 51	Male white	BINGLE, Single MARRIED, WIDOWED, Write the word)	16 DATE OF DEATH July 21- (Month)  17 I HEREBY CERTIFY, That I attar	(Day) (Year)
8 D	ATE OF BIRTH July 15 Month)	(Day) (Year)	July 15, 1913, to July	17 1913 7 1913
7 A	G E	If LESS than 1 day,hrs. c. ds. ORmin.?	and that death occulted on the date stated show	e, at 7 1 m.
(a) pai (b) bus whi	CCUPATION ) Trade, profession, or ritcular kind of work	at md.	(Duration) yrs.  (Secondary)	•
ARENTS	10 NAME OF FATHER COM alexans 11 BIRTHPLACE OF FATHER (State or country) Nath	der Stewart East, Md.	(Signed) C/Blacein July 21, 1913 (Address) North	mos ds.  , N. D.  East, Md  aths from Violent whether Acciden.
d	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF	East, Md DF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTIT OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs Where was disease contracted, If not at place of death?	
	(Address) Narth &	ast, md.	Former or usual residence	E OF BURIAL
15 File	en Ludy 32 , 191 3	Local REGISTRAR	If the Pierson No	ress East
	II more blanks are ne-	eucu, audress State Registri	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	1110

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibrabe causino death—(the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness." ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichar-"Heart fallure," "Haemorrhage," "Inanition," "Maras. thenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train—acci-"Coliapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Revolver reound of head-homicide; Poisoned Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples: FOF VIO-



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s should a certificate. of back Instructions 2 EATH PO OF Every item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Ceril Registration Dist. No .... [If death occurred in a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED, (Month (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended decessed from 191 to ... (Year) If LESS than TAGE and that death occurred on the date stated above, at ...... I day .....hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) 11 BIRTHPLACE , 191 ..... (Address). (State or country) Z State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ы CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ ds. State ____ yrs, ____ ds. Where was disease contracted. if not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS exten 2m

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative mealthfulness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Never return "Laborer," "Foreman," (d)

Statement of cause of death. Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Framples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head of Always qualify ail diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Candeath), 29 ds.; Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County	ecil 9544	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9
Village or C	ULL NAME (No.	St.; Ward)  [If death occurred a hospital or institute give its NAME last of street and number
PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July , 19 (Year (Year )
6 DATE OF BI		17 I HEREBY CERTIFY, That I attended deceased to
TAGE al	out 50 y Ears 1 day	
BOCCUPATIO (a) Trade, protes particular kind o (b) General natu business, or es which employed	sion, or Cont Ruow re of industry, tablishment in	falling from Cleaner Ericon (Duration) yrs mos.
9 BIRTHPLACE (State or		Gontributory Secondary (Duration) , yrs mos
10 NAME FATH	Work Know	(Signed) Win L. Dean Goronia, , 191 (Address) Aton, Ma
W 12 MAIDE	or country) Tony Know	*State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accidate, Suicidal, or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
	or country) Work Know	At place In the of death yrs mos ds. State yrs mos
	IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Addres:	1)	19 PLAGE OF BURIAL OF REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

statement. Nevcr return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None, cated thus: been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucsis of tungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee ou Nomencla-"Contributory." scpsis, letanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine defiultely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably IENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) The contributory (secondary or intercurrent) "Puerreral peritonitis," etc. State cause for Always qualify all discases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septiehac-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1913

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SEP 11 1%3
BUREAU, V. S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD AGE should be stated EXACTLY. BINDING V 15 FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

N.B.

	1 PLACE OF DEATH		STATE OF MARYI	LAND
	4	9547	CERTIFICATE OF	DEATH
G	ounty Well		Registration Dist. I	
٧	illage or City	(No,	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	Jan AV	Na XIMOCO CI.	
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
351	Ole to	SINGLE, AARRIED, WIDOWED, DR DIVORCED Vrite the word)	18 DATE OF DEATH (Month)  17 / I HEREBY CERTIFY, That Vande	(Day) (Year)
8 D	ATE OF BIRTH Ques.	17,183	that I last saw h. Dallye on the	1/27,1910
7 A	(Month)	(Day) (Year)		10
	78 yrs. // mos.	ds.   1 day,hrs.   0 Rmin. ?	and that death occurred on the date stated good	e, at., m,
(a)	CCUPATION ) Trade, profession, or rficular kind of work	0-1176om	familyns, follow	n ly
bus	iness, or establishment in ch employed (or employer)		(Duration) yrs	mos Z ds.
9 8	IRTHPLACE tate or country) Cariforn	1 Ces. Md	(Secondary)	mos ds.
	10 NAME OF Edus. M	it chell	(Signed)	, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	d' Cer.	*State the DISEASE CAUSING DEATH, or, in dea	othe from Vrolen
PARE	12 MAIDEN NAME OF MOTHER	1 Williams	CAUSES, state (1) MEANS OF INJURY; and (2) TALL SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF RESIDENCE)	whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	de Co.	Af place In the of death yrs mos ds. Sfate yr	S Mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF	F MY KNOWLEDGE	Where was disease contracted,	
	(Intermant)	Duswell'	Former or usual residence	00000000000000000000000000000000000000
15	(Address) Joy A G	10 th 11 1014	19 PLACE OF BURIAL OR REMOVAL DAT	ly 304, 1913.
FII	ed July 29, 1913 N. R.	Carriera REGISTRAR	20 UNDERTAKEN Cabrely LADO	PRESS Mol
	If more blanks are new	ded, address State Begistr	ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

; (a) Spinner, Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis

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AUG 4 1913 BUREAU, V.S.

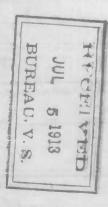
	PLACE OF DEATH 9545	STATE OF MARYLAND
	1000.1	CERTIFICATE OF DEATH
Col	unty Leave	Registration Dist, No. 9.6
	411.00	Registration Dist. No
VIII	age or City Model aut (No.	St: Ward) [If death occurred in a hospital or lostitution,
	0 12. 9	give Its NAME Instead
	Selle NAME (Jella / Sup LO	of street and number.]
	2FULL NAME SAMMANA	had been been been been been been been bee
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH
76	male White (Write the word)	(Month) (Day (Year)
		17   I HEREBY CERTIFY, That I attended deceased from
D/	ATE OF BIRTH	Jaly 24, 1912, to Jaly 25, 1912,
	(Month) (Day (Year)	that I last saw har allve on Jarly 27 191 3
TAC		11 1 1140
	C- // 1 day,hrs.	and that death occurred on the date stated above, at c)
	yrs	THE CAUSE OF DEATH * Was as follows:
	CCUPATION Trade, profession, or	Jan Calente
	ticular kind of work	J. J
(b)	General nature of Industry,	,
	ness, or establishment in ch employed (or employer)	(Duration) yrs mos. ds.
	RTHPLACE (State or country)	Contributory Jaska Salends
	(state or country) booklawn knd	
	10 NAME OF O O SININI	(Ouration) yrs mos ds.
	FATHER & C Welliams	(Signed) , M D.
PARENTS	11 BIRTHPLACE OF FATHER OF A SO LO 100	Laly 25, 19th (Address) Delloty your Mit
EN	(State or country tills Cast Cast Coult Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
AR	12 MAIDEN NAME A A A A A A A A A A A A A A A A A A	
0	Jerla & Ruller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
		of death yrs mos ds. State yrs mos ds Where was disease contracted.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(	Informant)	Former or usual residence
	(Address Port Delen to Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) Mo	Leting 11 1 1
	6/26 m3 4 P. Carrers.	20 UNDERTAKER ADDRESS
File	Con Coper Sud REGISTRAR	The Olaches ma The Att
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		and and another and an in the To

[Approved by U. S. Census and American Public Health Association.]

tiou is very important, so that the relative healthfulmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional liuc is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cssary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kiud of work and also (b) Farmer or Planter, As examples: For persons "Foreman,"

pneumonia"); lesis of lungs, meninges, peritonaeum, etc., prospinal CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) term for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meniughtis"); Diphtheria (avoid Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid use Carcin-

> cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affectiou need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant ncoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train—aceiture of the American Medical Association.) is less definite; avoid use of "Tumor" for mailg-The contributory (secondary "Old Age," "Shock," "Uracmia," "Weakness," tctanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," or intercurrent) State cause for Nevcr report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS

0540	
PLACE OF DEATH 9546	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
mutil R.D.	Registration Dist. No. 95
Village or City Mughay (No. 7)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Otilliam	Wilson of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, Married Wisowes, Wisowes, OR Diverces (Write the word)	18 DATE OF DEATH July (Month) (Day), 1913.
BDATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	July 12 1913, to July 13 1913
(Month) (Day) (Year)	that I last saw h see alive on Profe 13
7 AGE If LESS than	and that death occurred on the date stated above, at // & m,
80 yrs. 4 mos. 5 ds. ORmio.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Coultal Hourskay
(a) Frade, profession, or Retired Farmer	
(b) General nature of industry,	21222
business, or establishment in which employed (or employer)	(Duration) yrs mos. 2 ds.
BEIRTHPLACE (State or country)	(Secondary)
(State or country) New Castle lev. Del.	
10 NAME OF PATHER O 10 01.	11-220 111
Samuel a. Wilson	(Signed) 15. 1913 (Address) Both East, Ind
Z OF FATHER (State or country) Low London llu low Jones	State the DISEASE CAUSING DEATH OF In deaths from Warning
11 BIRTHPLACE OF FATHER (State or country) New Castle lev. Del	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a Mary Fresson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) None Secontile Rop. 2028	At place In the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Mc Mala	If not at place of death?————————————————————————————————————
(Informant)	usual residence
(Address) Pusing Sun Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Closebank. Md. July 12, 191.3.
Filed 1941 3 7 8500000	20 UNDERTAKER 4 ADDRESS
REGISTRAR	10. Q. Mason Jollingham Ca
If more blanks are needed address State Registra	r, v E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," _ (name origin; "Can-The nature of the Never report



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  6 SINCLE, MARRIED, WOODWED, ORDIVORCED ORDIVORCE	Cour	replace of DEATH 9548  onty lecil  ge or Gity Elklor (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
SERY  *COLOR OR RACE  **MARKING**  **MARKING**  **MARKING**  **MONTH**  **COLOR OR RACE  **MARKING**  **MARKING**  **MARKING**  **MONTH**  **MO		2FULL NAME //arganet	JV PRICAL
DATE OF BIRTH  TAGE    Month   May   Month   M		PERSONAL AND STATISTICAL PARTICULARS	
TAGE  (Month) (Day (Year)  (Tage)  (Month) (Day (Year)  (Year)	3 SEX	MARRIED, WIDOWED,	(Month) (Day (Year)
TAGE  (Month)  (Day  (Xear)  (Month)  (Mo	6 DAT	E OF BIRTH	
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or Country)  12 MAJDEN NAME OF FATHER  13 BIRTHPLACE OF MOTHER  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filed May 14, 191 3 Address  REGISTYAAR  16 ADDRESS  REGISTYAAR  THE CAUSE OF DEATH * was as follows: *	7		11. (101/11/26 3
10 NAME OF FATHER  OF FATHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Mears of Injury; and (2) whether Accidence of Recent Residence on Re	e occ (a) T parti- (b) (busing which	THPLACE	The CAUSE OF DEATH * was as follows:
At place OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  (Addres	ARENTS	10 NAME OF FATHER SUPPLIES OF FATHER (State or country) Cygland 12 MAIDEN NAME	(Signed) Howard Paralless, M. D.  *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
Filed 14, 191 3 Trank tuger 20 UNDERTAKER DUCKTURE ADDRESS REGISTRAR DUCKTURE MUSKELL ADDRESS (Kto)	14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds' Where was disease contracted, If not at place of death?  Former or usual residence.
Committee of the state of the s		July 14, 181 3 Hawk trager	29 UNDERTAKER MIRKELL ADDRESS (NO. 191)

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

uant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease cau be ascertained as the ample: Measles (disease cansing death), 29 affection need not be stated nuless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viochildbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convnisions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "PUERPERAL septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V. S.
BUREAU, V. S.

pence